

Interprofessional Advanced Fellowship in Addiction Treatment

1. FELLOWSHIP PURPOSE

a. Program Announcement

This program announcement provides information, policies, and application procedures to Department of Veterans Affairs (VA) facilities/systems regarding the Interprofessional Advanced Fellowship in Addiction Treatment to be supported by the Office of Academic Affiliations (OAA). The purpose of the Interprofessional Fellowship in Substance Abuse and Addiction Treatment is to develop leaders with vision, knowledge, and commitment to develop, implement, teach, and evaluate addiction treatments to improve healthcare for Veterans and the Nation. VA facilities/systems that have excellent clinical programs and a commitment to interprofessional training in substance abuse and addiction treatment for the improvement of clinical care, education, and scholarship are encouraged to apply for this program. Each approved site will be authorized to annually recruit one physician and one associated health (post-masters nurse, pharmacist, social worker, or psychologist) interprofessional fellow for this two-year education experience. Up to 10 sites may be approved (depending on quality of applications at time of selection) to begin these fellowships in Academic Year (AY) 2013-2014 or AY 2014-2015.

ALL EXISTING VA ADVANCED FELLOWSHIP IN SUBSTANCE ABUSE TREATMENT SITES MUST RECOMPETE VIA THIS RFP. New sites are also encouraged to apply.

Any VA facility is eligible to apply. Successful applications shall demonstrate the institution's commitment and ability to support the proposed program.

Newly applying sites as well as sites currently participating in the VA Advanced Fellowship in Substance Abuse Treatment who wish to continue participation in the program should follow instructions listed in Attachment A. Currently approved sites that do not wish to apply, or that are not successful, will be allowed to fund current trainees until the scheduled conclusion of their participation.

2. BACKGROUND

VA has offered Advanced Fellowships in substance abuse since 1994, providing a substantial contribution to the recognition of Addiction Psychiatry by the American Board of Medical Specialties and the Accreditation Council of Graduate Medical Education. In the past decade, though, there has been a shift in the understanding of substance abuse, addiction, and treatment strategies. This new fellowship program in Addiction Treatment replaces and updates the Advanced

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Fellowship in Substance Abuse to assure that VA's educational programs advance optimal treatment strategies for Veterans and the Nation.

As noted by the VA Substance Use Disorder Quality Enhancement Research Initiative (SUD QUERI), substance use disorders (SUDs) have substantial negative consequences on Veterans' mental and physical health, work performance, housing status, and social functioning. The population of Veterans with SUDs, other than nicotine dependence, is increasing in both absolute terms and as a percentage of the overall VHA patient population - from 270,991 (6.1% of VHA patients) in FY02 to 461,927 (8.3% of VHA patients) in FY10. These figures do not include Veterans who use alcohol or other substances in ways that are risky in terms of acute or chronic effects. In addition, approximately 20% of VHA enrollees are current smokers. The rate is considerably higher among Veterans with other SUDs. For example, approximately two-thirds of the 15,320 Veterans in SUD residential programs in FY10 were nicotine-dependent.

(<http://www.queri.research.va.gov/sud>)

Despite recent advances in addiction treatment, there is a shortage of professionals trained to lead clinical, educational, and research initiatives and few training pathways to develop such professionals. Given the scale and unique features of the nation's Veteran population, VA must be proactive in assuring an appropriate workforce is developed to meet the present and future needs for those who suffer from addiction and substance abuse conditions.

3. PROGRAM DESCRIPTION

a. Program Structure

Sites approved for the Interprofessional Advanced Fellowship in Addiction Treatment shall have a robust curriculum, an appropriate infrastructure, and qualified fellowship faculty who are experts in addiction treatment, education, and research. All approved advanced fellowship sites will be required to work in conjunction with a fellowship coordinating center, to be developed in partnership with VA's Addictive Disorders National Program Director and representatives from VA Centers of Excellence in Substance Abuse Treatment and Education (CESATE) and Substance Use Disorders Quality Enhancement Research Initiative (QUERI).

(1) Curriculum. Sites approved for the Interprofessional Advanced Fellowship in Addiction Treatment shall have a local curriculum that will supplement a broader national curriculum to be developed in partnership with the coordinating center .

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Approved sites will be required to participate in the development and implementation of the national or "core" curriculum. The core curriculum shall be provided in such fashion as to foster high degrees of interaction between trainees and faculty, as well as among trainees across participating sites.

The local curricula is expected to be unique to each site and shall be developed to address both the participating site's areas of interest and the trainees' personal learning goals. Local curricula shall both reinforce the core curriculum and provide opportunities for trainees to be exposed to topics relevant to their learning goals. Local curricula must include substantial mentored experiences, and should also include participation in local seminars, faculty directed self-study, formal courses at an academic affiliate, and any other modalities appropriate for the site, its patients and its trainees. The curriculum should clearly define learning objectives and outcome measurements.

(2) Infrastructure. The site application should demonstrate the track record of the facility and partners in the areas of substance abuse and addiction treatment (e.g., demonstrated experience developing and implementing health services and clinical outcomes focused programs), education (e.g., development and implementation of health professional trainee curriculum), and scholarship (grant funding and/or development or evaluation of evidenced-based projects). The application must include discussion of how education (including workplace learning, formal instruction, and reflection), mentoring, clinical infrastructure at the site, and commitment to scholarship shall foster a high quality learning environment and fellowship experience. Additionally, the application should document how the availability of resources at the facility--to include space, equipment, faculty and staff time, technical support, and computer support--will be used to enhance the fellowship experience. Commitment from the site should include a commitment from the facility to ensure fellows and associated program faculty have resources and support for travel to attend national meetings as VA policies permit.

(3) Fellow Recruitment. Each Interprofessional Advanced Fellowship in Addiction Treatment site may begin recruitment of two fellows upon notification of approval. Fellows must meet the criteria described below in section 4b. Approved fellowship programs may begin in AY 2013-2014 or AY 2014-2015.

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(4) Program Co-Directors. Each site should have fellowship co-directors – one physician and one associated health professional. Co-directors should equally share program development and overall program responsibilities to ensure a high level of interprofessional engagement. The Program Co-Directors must have: demonstrated expertise in substance abuse and addiction treatment; a demonstrated ability to effectively teach and mentor; and demonstrated relationship to a current academic program.

(5) Affiliate Relationship. Affiliates should appropriately recognize VA faculty/mentors participating in the program. See Section 5 below for more details about affiliations.

b. Program Implementation

Program implementation expectations include the following:

(1) Fellows. Advanced Fellows are generally expected to spend approximately 75 percent of their time in educational experiences related to the specific program focus. No more than 25% of fellow effort shall be for non-educational clinical service.

Program sites are allowed flexibility in the application of scholarly training experiences. For example, although fellows may spend the majority of their scholarly training in traditional formal research experiences and didactics, program sites can more liberally apply the concept of scholarship to include formal instruction, workplace learning, and reflection, addressing issues such as clinical evaluation, program evaluation, quality or safety improvement, teaching, education, policy, or administration. It is expected that workplace learning strategies will generally be preferred over formal instruction (i.e., more hands-on learning is preferred with fewer lectures).

Fellows must conduct the majority of their clinical care responsibilities at a VA facility. Should a site wish to have fellows conduct clinical activities at non-VA sites, prior written approval from the Office of Academic Affiliations must be obtained. Fellows are expected to carry out a significant portion of their research and educational activities at a VA facility.

(2) Preceptors and Mentors. Fellows are to develop individualized learning plans in collaboration with their preceptors and mentors. The fellowship Co-Directors at each site will work as a collaborative partnership to oversee this process. OAA strongly

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encourages interprofessional mentorship strategies such that trainees are regularly exposed to mentors outside of their own specific discipline. Site faculty should provide assistance with project content, research methodology, implementation strategies, as well as guidance in professional and career development. For these reasons, additional mentoring from site faculty is often needed. These individuals are expected to meet regularly with the fellows to assess their progress, serve as role models, and provide constructive feedback and assistance in meeting the fellows' goals. Faculty are expected to participate in formative and summative evaluation of fellows and the fellowship program.

(3) Fellow Recruitment and Fellow Credentials. Each selected Interprofessional Advanced Fellowship in Addiction Treatment site will be authorized to recruit one physician fellow and one associated health fellow, to begin a two-year fellowship for AY 2013-2014 (to begin in July 2013) or AY 2014-2015 (to begin July 2014). Requests for additional positions will be considered by OAA, with approval in part contingent on availability of funding. Fellows must meet the criteria described below in section 4b.

(4) Project. All fellows should participate in a variety of interprofessional clinical and research focused quality improvement efforts. It is expected that at least one of these efforts will be a significant project to which the fellow makes a substantive, independent, and identifiable contribution. The topic of the projects should be of direct relevance to VHA's mission, although VA medical facilities do not necessarily have to be the sole sites of the project activities. Successful completion of a significant project includes written description of the project and its results (preferably including submission for publication) and presentation of the project at a regional or national venue.

4. POLICIES

a. Governance

(1) The Office of Academic Affiliations maintains overall responsibility for the administration of the Interprofessional Advanced Fellowship in Addiction Treatment.

(2) The fellowship program for post-residency physicians is governed by M-8, Part II, Chapter 4, "Fellowship Programs for Physicians and Dentists" or subsequent handbooks that may supersede that section.

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(3) The fellowship program for associated health disciplines is governed by M-8, Part II, Chapter 2, “Associated Health Professions” or subsequent handbooks, which may supersede that section and supplemental documents from OAA.

(4) OAA and/or the coordinating center (see section 3a) must approve significant changes to the fellowship site, including issues such as change in leadership, fellow resignation or termination, insufficient funding, change in preceptor/mentors, or any other reason why the approved proposal is not being properly fulfilled. Once established, the coordinating center will make recommendations to OAA about ongoing operations and future direction(s) of the program.

b. Recruitment and Fellow Credentials

Applicants will be eligible to participate in this program provided they have completed all requirements needed to be a fully credentialed independent practitioner in their field at a VA facility (with the exception of certain associated health disciplines that require fellowship training prior to licensure). Applicants from clinical disciplines requiring Doctoral level education to qualify as an independent practitioner must possess the required degree (e.g., DDS, DPM, PhD, etc.). Clinical fields that recognize practitioners possessing degree levels below that of Master’s degree (e.g., Registered Nurse or Registered Dietitian) must have completed a Master’s degree to be eligible for participation in this program. Social workers and health care administrators must possess at least a Master’s degree.

(1) Physician Fellows. Prior to beginning the fellowship, physician fellows must meet the following criteria:

- a. Completed a residency program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Bureau of Professional Education (BPE) of the American Osteopathic Association.
- b. Fellows may not be enrolled simultaneously in any accredited physician residency/fellowship program.
- c. Have active, full and unrestricted license(s) to practice in the U.S. and any of its territories.
- d. Be board certified or eligible with demonstration of active pursuit of board certification.

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- e. Be appropriately credentialed and privileged for independent clinical practice at the local VA facility.
- f. Be a U.S. citizen or possess a current visa suitable for participation in this paid educational activity. U.S. citizens shall be given priority in selection.
- g. If a graduate of a foreign medical school, must have evidence of Educational Commission for Foreign Medical Graduates (ECFMG) certification.
- h. Full-time fellows are expected to spend up to 25 percent time in VA clinical care, in order to maintain clinical skills as well as to maintain close clinical relationship to areas of research or systems improvement interest.
- i. Demonstrate interest in pursuing VA careers with addiction treatment as a significant focus.

(2) Associated Health Fellows. Prior to beginning the fellowship, associated health fellows must meet the following criteria:

- a. Completed all requirements needed to become a fully credentialed independent practitioner in their field at a VA facility, or possess a Doctoral degree in a field relevant to addiction treatment. Specific requirements include one of the following, as applicable:
 - i. Graduated from or have completed the degree requirements in an accredited program in the requisite Doctoral degree program to qualify as an independent practitioner in disciplines requiring a Doctoral degree (e.g., DPM, OD, PhD, etc.). Psychology fellows must have completed an accredited Doctoral program, including an American Psychological Association (APA) accredited internship program.
 - ii. Have at least a Master's degree from an accredited educational institution in disciplines requiring a Master's degree for independent practice (e.g., nursing, social work, physical therapy, or other associated health profession, etc.).
 - iii. Clinical fields that recognize practitioners possessing degree levels below that of Master's degree (e.g., Registered Nurse or Registered Dietitian) must have completed a Master's degree to be eligible for participation in this program. Nurses and health care administrators must possess at least a Master's degree.
- b. Be a U.S. citizen.

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- c. Have an active, full, and unrestricted license to practice in the U.S. and any of its territories, if such licenses are required for initial VA employment. Notably, not all associated health disciplines require a license for initial VA employment (e.g., psychology).
- d. Demonstrate interest in pursuing VA careers with addiction treatment as a significant focus.

c. Appointment and Compensation

(1) Physician Fellows

- a. Appointments will be made under 38 U.S.C. 7406 for two years. Accepted candidates are identified for the personnel management data systems and for cost accounting purposes by specific assignment codes. Fellows are eligible for health and life insurance benefits.
- b. Stipend Rate. The stipend rate will be based on years of previously completed ACGME or AOA accredited residency training and equivalent experiences as determined by OAA and index rates approved at the affiliated university and the respective VA facility. OAA reserves the right to use a different mechanism to establish fellow pay rates in the future. Fellows shall be paid directly by the VA facility unless OAA provides written approval for another payment mechanism.
- c. Stipend Supplementation. Fellows shall not receive additional revenue from any source in compensation for their duties in this program.
- d. Full time appointments are preferred, but sites may request an exception to full time appointments by making a formal request to OAA stipulating the part time appointment is not less than half-time and that such an appointment is appropriate for the program mission and the fellow's learning plan. All part time appointments must be completed during the same two-year fellowship period as full time fellows and cannot be extended beyond such a time period simply because of the part time status of the fellow.

(2) Associated Health Fellows

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- a. Appointments will be made under 38 U.S.C. 7405 (a)(1)(D). The PAID codes will be provided in the memoranda notifying facilities of their selection as a fellowship site.
- b. Full time appointments are preferred, but sites may request an exception to full time appointments by making a formal request to OAA stipulating the part time appointment is not less than half-time and that such an appointment is appropriate for the program mission and the fellow's learning plan. All part time appointments must be completed during the two-year fellowship period.
- c. Stipend rates will be determined by OAA, depending on the discipline and previous education of the trainee. Rates are reviewed annually against national norms for the discipline. Current rates are listed on the OAA intranet web site at vaww.va.gov/oaa then "Associated Health Stipend Rates" under the Reports section. Approved sites with potential fellows from disciplines not on the table should contact OAA for salary rates.

d. Educational Details to Non-VA Sites

Fellows may be detailed to other educational institutions without loss of pay, but under no circumstances may the total time spent in non-VA institutions exceed one-sixth of the total hours a fellow is in a pay and training status with VA. Should a program wish to have fellows conduct clinical activities at non-VA sites, prior written approval from the Office of Academic Affiliations must be obtained.

e. Liability Protection

Fellows will be protected from personal liability while providing professional services as a trainee at a VA facility and at approved non-VA facilities under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d). Training at non-VA facilities can only take place under the terms of an approved affiliation agreement (VA Form 10-0094H).

f. Service Obligation

There is no service obligation after completion of the fellowship program. However, fellows are encouraged to seek VA employment. Program faculty mentorship is expected to include career counseling, including assistance in obtaining VA employment.

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g. Identification of Fellowship Status

(1) Fellows shall notify VA locally and nationally (OAA) as required prior to any publication or presentation.

(2) Fellows shall also identify their VA support in all reports and presentations during the fellowship program and after the fellowship program if the report or presentation is related to activities conducted during the fellowship program. Failure to do so while in the fellowship program may result in termination of the fellowship. Institutional Review Board (IRB) approval of protocols or waiver of review must be accomplished prior to collection of research data.

h. Clinical Privileges/ Scope of Practice

(1) Physicians

- a. Subject to the policies and procedures of the appointing institution's medical staff bylaws, Advanced Fellows are to be privileged as licensed independent practitioners (LIPs) in the primary medical specialty in which they completed approved training. Exceptions to this requirement for LIP privileging are rare, and require written OAA approval. The assigned privileges as an independent practitioner shall be within the scope of practice for which the Advanced Fellow has been previously trained.
- b. A physician Advanced Fellow may NOT provide independent clinical services or clinical training for clinical skills that are part of the fellow's learning plan. Such physicians are considered to be under supervision (or dependent practitioners) for those skills.

(2) Associated Health Professionals

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- a. Associated health professionals shall either be privileged as licensed independent practitioners or boarded with scope of practice consistent with their licensure and prior training.
- b. Nurses will either be privileged as licensed independent practitioners or boarded with scope of practice consistent with their licensure and prior training.
- c. An Associated Health Advanced Fellow may NOT provide independent clinical services or clinical training for clinical skills that are part of the fellow's learning plan. Such trainees are considered to be under supervision (or dependent practitioners) for those skills.

i. Financial Support

(1) OAA support. OAA will provide funds to VA facilities for fellows' stipends and fringe benefits.

(2) Host facility. The host facility shall provide the travel for program Co-Directors to annual professional meetings related to addiction treatment (as VA policies permit). Co-Directors and fellow's travel to a national conference each year is highly desirable.

(3) Any other expenses, including expenses connected to the fellow's recruitment, educational activities, or research, are not funded by OAA. Transportation to the VA facility and housing arrangements are the sole responsibility of the selected fellows.

5. ELIGIBILITY AND SELECTION CRITERIA FOR A FELLOWSHIP SITE

a. The Fellowship Site

- (1) Must be affiliated with a Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA)-accredited medical school with an accredited medical school with a current Affiliation Agreement with the host VA facility.

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- (2) Additional formal affiliations with schools with accredited associated health disciplines are strongly encouraged (e.g., School of Nursing, Pharmacy, Social Work or Psychology Program at a university affiliate, etc.).
- (3) Other affiliations in associated health disciplines are encouraged if they support the goals of the program and/or have active addiction treatment training program(s) (e.g., public health, healthcare administration, business, engineering, etc.).
- (4) All affiliations should occur with institutions with experience and leadership support of addiction treatment. If new affiliations are made to develop this relationship, a formal affiliation agreement must be executed (contact the Office of Academic Affiliations for assistance).
- (5) All facility applicants including existing sites and newly applying sites must provide evidence of committed leadership, time, personnel, and equipment to support a culture of excellence in addiction treatment, scholarly activities, education, clinical care, and administration. The facility must demonstrate the following:
- a. VISN and facility commitment to build and sustain an outstanding learning and team-based environment and support of addiction treatment programs. VISN and facility commitment to the program co-directors in terms of dedicated and protected time to run the fellowship are highly encouraged and should be documented in the application proposal.
 - b. Evidence of a strong partnership between the VHA facility and its academic affiliate(s).
 - c. Strong interprofessional leadership by team members involved in the provision of addiction treatment efforts at the site.
 - d. Outstanding interprofessional educational opportunities and advanced clinical learning opportunities at the site.
 - e. Experience in conducting training for addiction treatment.
 - f. Commitment to develop individualized learning programs with trainees.
 - g. Evidence of a strong administrative infrastructure to support a training program.
 - h. Commitment to a process of disseminating educational material and promoting innovations in addiction treatment beyond the training site.
 - i. Evidence of sound evaluation strategies for programmatic and individual evaluation.

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- j. Willingness to fund travel and registration for the Program Co-Directors, selected faculty, and all fellows to attend national meetings related to addiction treatment (as VA policies permit).
- k. Provision of equipment, space, and technical expertise to conduct regular two-way interactive video conferences and other appropriate technologically mediated instruction as part of the curriculum.

(6) A site must submit the information requested in Attachment A.

(7) **Existing VA Advanced Fellowship sites in Substance Abuse Treatment** must submit all information listed in section 5 plus a 5 page (maximum) progress report detailing the existing site's progress to date. The details of the progress report should include the following:

- (a) Concise narrative description of the history of the program, including leadership, goals, and performance of program over time.
- (b) List all fellow participants by 1) name, 2) specialty, 3) start date, 4) end date, 5) position immediately after fellowship (including VA status), 6) current position if known (including VA status).
- (c) Plans for incorporation and expansion of the prior physician-only program to include associated health trainees.

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6. REVIEW PROCESS

a. An interprofessional ad hoc review committee designated by the Chief Academic Affiliations Officer will assess the merits of the applications and offer recommendations to the Chief Academic Affiliations Officer. The reviewers will have demonstrated expertise and leadership in their respective medical and health professions, addiction treatment, scholarship, quality improvement, or interprofessional education. Decision to approve sites rests with the Chief Academic Affiliations Officer.

b. Training site applications will be scored according to the following criteria and weights:

VISN and facility commitment to build and sustain an outstanding learning environment; evidence of a strong administrative infrastructure and adequate protected time for fellowship Co-Directors; opportunities for fellows to incorporate innovative addiction treatments into patient care initiatives; willingness to provide adequate protected time for the Program Co-Directors; and willingness to allow program Co-Directors and fellows to attend national conferences. 12

Fellowship Program Co-Directors and interprofessional faculty with strong records in addiction treatment, scholarship, education, mentorship, and leadership; demonstrated ability to teach across disciplines and to promote an interprofessional approach to education, scholarship, and clinical care; and strong interprofessional fellowship leadership team, e.g., Co-Director(s) representing differing professional clinical backgrounds. 20

Established program in addiction treatment that has an extensive track record in the development, implementation, and evaluation of novel research and clinical programs in addiction treatment. Evidence of a team-based interprofessional approach and prior participation in national VHA addiction activities. 20

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Clinical experience addressing substance use disorders in the context of other health conditions (e.g. pain, chronic disease, depression, etc.) and using innovative delivery strategies (e.g. telemedicine) should also be included where possible.

Quality of local educational curriculum and resources, 20
including a strong, constructive partnership with the affiliate; excellent learning opportunities in addiction treatment; commitment to develop individualized learning programs with fellows; excellent mentoring of trainees; sound educational infrastructure plans; and interprofessional educational opportunities.

Opportunities for scholarship and promotion of a 16
scholarly approach to addiction treatment. Examples of innovation in scholarship are encouraged including broad topics such as implementation research as well as specific topics such as telemedicine, increasing access to pharmacotherapy for treatment and relapse interventions, establishment of best practices for addiction treatments, coordination and integration of care for addiction treatment (e.g. treatments in primary and specialty medical care settings), and rural / community based outpatient clinic initiatives.

Plan for evaluation that will include evaluation of the 12
individual fellows and all aspects of the fellowship program. The plan should include discipline-specific competencies, competencies in interprofessional team functioning, and competencies in clinical and scholarship about addiction treatments. Specifics on the fellows and the fellowship program's effectiveness for meeting its training goals and objectives should be addressed, along with inclusion of evidence of sound evaluation strategies for programmatic and individual evaluation and reporting, which includes impact on Veteran care and clinical outcomes.

TOTAL

100 POINTS

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7. SCHEDULE

March 12, 2013	OAA sends program announcement to VISNs, facilities, and appropriate headquarters officials.
April 1, 2013	Letter of Intent deadline. Interested sites should send an email to OAA at the attention of Ms. Deborah Ludke (deborah.ludke@va.gov) stating their non-binding intent to submit a full proposal. The email should include contact information for the application's Program Co-Directors and any administrative contacts at the site.
April 22, 2013	Applications are due in OAA.
May 2013	Panel review of Site Applications
May 31, 2013	OAA notifies facilities of selection/non-selection as a training site.
Summer 2013	Fellows begin at new sites if site is capable of supporting fellows for AY 2013-14. <u>Please note:</u> fellowship sites may choose to begin the fellowship in AY 2014-15 if appropriate candidates are not available for AY 2013-14.

8. OAA CONTACT PERSONS

For information or questions related to this fellowship program, please contact Ms. Deborah Ludke by email at deborah.ludke@va.gov or by phone at (562) 826-5492 or Dr. Jeffrey Cully at jeffrey.cully@va.gov or by phone at (713) 794-8526.

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9. APPLICATION INSTRUCTIONS

Applications shall be uploaded to the OAA Support Center
at: http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=12

Please click on the “Register” button to enter your information. Upon registering, you will be able to log in and start to upload the required documents. There are six (6) documents required to be uploaded for a complete application. You can upload one document at a time. Please use the following naming conventions when saving/uploading files:

Attachment A Facility Director’s Transmittal Letter

Attachment B Core Narrative

Attachment C Faculty Members’ CVs

Attachment D VISN Director Letter of Support

Attachment E Chief(s) of Services Letters of Support

Attachment F University Affiliate(s) Letters of Support

Attachment G Progress Report (**Currently approved sites only**)

After all files have been uploaded, please select “Submit for Approval.” You will be taken to a screen that lists all documents that have been uploaded for your application. Please select “Notify us your Application is Complete” in order to submit your application. You will be able to make modifications to the uploaded documents until **April 22, 2013 at 11:59:59 PM PST**. Please remember, we will only be able to accept one application per site, so please coordinate with others from your site prior to submission.

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ATTACHMENT A

FELLOWSHIP APPLICATION INSTRUCTIONS

1. GENERAL INSTRUCTIONS

- a. Font size and margins. Font size must be 11-point or larger. Margins must be one inch all around.
- b. Page limit. Total number of pages must not exceed 50. The core narrative should not exceed 20 pages, and supplemental materials must be limited to 30 pages.

2. APPLICATION PACKAGE INSTRUCTIONS

- a. The **transmittal letter** from the facility/system Director must:
Document support for the program by
 - a. Authorizing release or protected time for the Program Co-Directors and preceptor/mentors who will supervise the trainees.
 - b. Funding travel and registration for the Program Co-Directors, selected faculty, and all fellows to annually attend at least one national meeting. Funding for travel to additional meetings is highly desirable and should be addressed.
 - c. Providing access to interactive videoconferencing equipment and staff assistance related to effective use of equipment.
 - d. Describe the unique contributions the facility can make to the training program.
 - e. Identify the name, title, telephone and fax numbers, and e-mail addresses of the fellowship Program Co-Directors.
 - f. Identify the name, title, telephone and fax numbers, and e-mail address of the facility contact person, if different from the fellowship Program Co-Directors.
- b. The **core narrative** of the application must not exceed 20 single-spaced pages. **Applications exceeding the page limitations will not be reviewed.**

The pages must have at least 1-inch margins all around and the font size must be no smaller than 11 point. The core document should include:

(1) Background Information:

- a. Describe the applicant site's addiction treatment program and related education and research (scholarship) components.
- b. Describe the nature of the interprofessional team involved in addiction treatment activities—who are the core members; how and how often does the team interact; and how does the team function to integrate innovations in addiction care. Describe evidence of prior participation in national addiction initiatives.

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- c. Describe the site's goals for the program, including focus on particular aspects of addiction treatment innovation in clinical and research activities that will be emphasized by the proposed program.
- d. Articulate the specific professional skills and knowledge to be learned/developed by the fellows. Describe measurable competencies to be achieved by trainees. Address the interprofessional components of the curriculum, as well as the discipline/specialty components. Include strategies for mentorship in this discussion. Describe teaching methods to be used, including how the learning activities may be customized to meet fellows' needs.
- e. Describe the venues/sites where educational, clinical, and research activities are proposed to take place. Describe what the fellows' roles will be within the interprofessional teams functioning in these venues/sites of care.
- f. Describe activities that will foster fellows' development as leaders and change agents in addiction treatment.
- g. Describe the facilities (e.g., office space, clinical areas, clerical support, educational materials, library, computers, etc.) available to support the program.

(2) Program Co-Directors and Faculty Preceptor/Mentors.

Provide relevant information concerning the staff that will be involved in the program, including the Program Co-Directors, preceptor/mentors, and consultants. Include the following information about each individual who will be involved in the fellowship program: name; discipline/specialty; degree; date of degree; university from which degree was received; preceptor certification, addiction treatment education and experience; primary clinical/research interests; recent publications; and the number of hours/percentage of time that will be devoted to the fellowship program.

NOTE: CVs are not counted in the 50-page application limit. A complete CV for the proposed Program Co-Directors can be included. However, a VA Research Biosketch (VA Form 10-1313-5/6) can be used. In order to minimize size of the total application, a VA Research Biosketch or table listing critical faculty is strongly encouraged for all other proposed faculty or others identified in the application.

(3) Program Evaluation. Specify how the fellows' and the fellowship program's effectiveness for meeting its training goals and objectives will be evaluated. This plan should include attention to all aspects of the program, including information on: 1) fellows - discipline-specific competencies and competencies in interprofessional team functioning, and dissemination of information about innovations in addiction treatment and 2) the overall

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program – metrics and information related to fellow achievements during and post fellowship, satisfaction data from fellows about the program, and plans to incorporate feedback to continuously improve the program.

(4) Recruitment of Fellows. Describe how fellows will be recruited and selected.

c. **Appendices**. Must not exceed 30 pages and should include letters of support from the following:

(1) VISN Director. Include a description of the unique contributions the VISN can make to the fellowship program; the commitment to assist, if needed, in the funding of annual travel for the Program Co-Directors, selected faculty, and fellows to attend one national meeting per year; travel support for the Program Co-Directors to attend an annual planning meeting that may be held in conjunction with the clinical simulation meeting; and additional support that would be provided to the fellowship site related to the educational project.

(2) Chiefs of Services or equivalent individuals for the disciplines in which trainees are anticipated and/or preceptors/mentors are provided. These letters should describe a need for addiction treatment and how it will improve the care of patients.

(3) University Affiliates associated with disciplines for which trainees are anticipated. Support or in-kind match, if any, such as tuition waivers for courses, course credits, equipment, library use, space, etc. should be noted.

d. **Progress Report of Fellowship Program to date (CURRENTLY APPROVED SITES ONLY)**

(1) Concise narrative description of the history of the program, including success and/or difficulties with recruitment of fellows and how goals and performance of program have changed over time. Also include assessment of strengths and weaknesses of the program and plans to strengthen the program if major weaknesses are identified. Please describe other outcomes of note such as particular fellow alumni achievement, other benefits to VA, academic affiliates, and community that relate to the program. If possible, please include a list of publications, presentations, or other achievement of your site's fellows.

(2) List all fellow participants by a) name, b) specialty, c) start date, d) end date, e) position immediately after fellowship (including VA status), f) current position if known (including

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VA status). OAA can provide a list of the participants known to us, but we ask that you correct any errant information and add any missing information (the current database only knows participant name, start date, and end date).

(3) Plan to incorporate training and mentoring for associated health fellows.